PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-003

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TADEMARK CHAT		Application Number	10/602,035		
TRANSMITTAL		Filing Date	June 23, 2003		
FORM		First Named Inventor	MIYAZAKI		
		Art Unit	1654		
(to be used for all correspondence after initial	filing)	Examiner Name	AUDET		
Total Number of Pages in This Submission	3	Attorney Docket Number	CPR-00101.P.1-US		

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<b>\</b>	Fee Transmittal F	orm		Drawing(s)			After /	Allowance Communication to TC
	Fee Attac	hed		Licensing-related Pap	ers			al Communication to Board peals and Interferences
	Extension of Time Express Abandor Information Disclo Certified Copy of Document(s) Reply to Missing Incomplete Applic Reply to Messing Incomplete Applic	declaration(s) Request ment Request osure Statement Priority Parts/	Rem	Petition Petition to Convert to Provisional Application Power of Attorney, Re Change of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table	n vocation dence Address	2. F	(Apper Propri Status Other below	e to Restriction Requirement
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm N	Day of I	R. Preston & Assoc	clates, A	Pyc //				
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Printed	name David I	R. Preston						
Date	May 24	1, 2006		······································	Reg. No.	38,710	)	
CERTIFICATE OF TRANSMISSION/MAILING								
sufficie	ent postage as first te shown below:	orrespondence is b class mail in an en	eing fac velope a	simile transmitted to the	USPTO or depos oner for Patents, F	ited with	h the Un k 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on
		//al	141	WHG				
Typed	or printed name	Hal Gibson					Date	May 24, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
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ective on 12/08/2009		Complete if Known
Fees pursuant to the Consultated Approximations Act, 2005 (H.R. 4818).	Application Number	10/602,035
FEE TRANSMITTAL	Filing Date	June 23, 2005

FEE	TRANSMITTAL
	For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	1080.00
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Complete if Known				
Application Number	10/602,035			
Filing Date	June 23, 2005			
First Named Inventor	MIYAZAKI			
Examiner Name	AUDET			
Art Unit	1654			
Attorney Docket No.	CPR-00101.P.1-US			

METHOD OF PAYMENT (check all that apply)     V Check	TOTAL AMOUNT OF TA	π.Ε.τ. (Φ.	1000.00	, ,	Attorney Docke	NO. JOPE	K-00101.P.1-U	S
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION	Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R. Preston & Assoc.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)							
### Total Claims    Total Claims   Fee (s)   F	WARNING: Information on th	is form may be	ecome public. Cred	it card inform	nation should n	ot be included	on this form. Pro	vide credit card
Signal   Entity   Fee (\$)   Fee (\$								
Utility   300   150   500   250   200   100	BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES							
Design   200   100   100   50   130   65		<u> </u>						Fees Paid (\$)
Plant 200 100 300 150 160 80	•							
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	J						<b>V</b> 2	
Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  - 3 or HP = x =  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
2. EXCESS CLAIM FEES Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Claims  -20 or HP = 3 x =	2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)							
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							endent Claims	
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	HP = highest number of total claims paid for, if greater than 20.  Indep. Claims							
- 100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)	Fees Paid (\$)							
Other (e.g., late filing surcharge): Flve (5) month extension of time \$1080								

Registration No. (Attorney/Agent) 38,710 Telephone 858-724-0375 Signature Name (Print/Type) David R. Preston Date May 24, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.